

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Koji OKADA, et al.

Serial No.: 10/559,737

Confirmation No.: 3846

Filed: December 5, 2005

For: PHOSPHAZENE COMPOUND, PHOTSENSITIVE
RESIN COMPOSITION AND USE THEREOF

Art Unit: 1621

Examiner: Peter G. O'Sullivan

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are an **RCE** and **Amendment** in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	28	28	0	LG=\$52 SM=\$28	\$0
INDEPENDENT CLAIMS FEE	3	3	0	LG=\$220 SM=\$110	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
Independent Claims 1, 13, 23				TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314.
- ☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
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Date: July 16, 2010

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